

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R? None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Systems and Methods for Time  
Dependent Data Storage and Recovery

Attorney Docket Number:: RVI-001

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Sheets:: 4

Total Drawing Sheets:: 12

Small Entity?:: Yes

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: T.

Family Name:: Rowan

Name Suffix::

City of Residence:: Amesbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 14 Estes Street  
City of Mailing Address:: Amesbury  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01913

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kevin  
Middle Name:: F.  
Family Name:: Rodgers  
Name Suffix::  
City of Residence:: Derry  
State or Province of Residence:: NH  
Country of Residence:: US  
Street of Mailing Address:: 2 Symphony Lane  
City of Mailing Address:: Derry  
State or Province of Mailing Address:: NH  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 03038

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: Revivio, Inc.  
City of Mailing Address:: 10 Maguire Road, Suite 320  
State or Province of Mailing Address:: Lexington, MA 02421  
Country of Mailing Address:: US